

REFUND/CANCELLATION REQUEST

Account owner: Please review our cancellation and refund policy before you complete this form, and include any required documentation. For a copy of our cancellation and refund policy, please visit our Web site or call us.

Current Account Information

Account Owner	_____	Account Number(s)	_____
Account Owner SSN or TIN	_____	Student Beneficiary Name(s)	_____
Street Address/Apartment Number	_____	Email Address	_____
Post Office Box Number	_____	Telephone Numbers	_____
City/State/ZIP Code	_____	Home	Work

Request for Cancellation and Refund

I hereby request a refund of _____ GET tuition units based on the following criteria: (Please choose only one.)

Review the cancellation and refund policy and FAQs for a full description of each criterion.

- | | |
|---|--|
| <input type="checkbox"/> Death of Student Beneficiary: include copy of death certificate. | <input type="checkbox"/> Within 3 days: see policy for criteria. |
| <input type="checkbox"/> Disability of Student Beneficiary: include copy of medical documentation. | <input type="checkbox"/> Within 6 months: see policy for criteria. |
| <input type="checkbox"/> Scholarship: include copy of scholarship award. | <input type="checkbox"/> Less than \$500: see policy for criteria. |
| <input type="checkbox"/> Graduation/Program Completion: include copy of certificate/diploma. | <input type="checkbox"/> Meets 2-year waiting period requirement. |
| <input type="checkbox"/> Non-Attendance: "I certify that the student beneficiary is 18 years of age or older, and will not be attending an eligible institution of higher education, as determined in state law (RCW 28B.10)." | <input type="checkbox"/> Bankruptcy: include copy of bankruptcy filing and letter from trustee. |
| | <input type="checkbox"/> Financial Hardship: (excluding bankruptcy). See policy for criteria. |
| | <input type="checkbox"/> My account balance is zero. Cancel my account. |

Payment Arrangements

- ☐ **Inactivate ACH** Please inactivate the Automatic Monthly Withdrawal associated with this GET Account.
Note: We cannot guarantee that this will be cancelled in time for the next scheduled withdrawal. Call us for details.
- ☐ **Payroll Deduction** To inactivate your payroll deduction, you must complete and submit the **Payroll Deduction Form** to your payroll office.
Note: Contact your payroll office to confirm the end date for your payroll deduction.

Make refund check payable to:

- ☐ Account Owner ☐ Student Beneficiary

Account Owner's Signature - Required

Only the account owner may request a refund.

I certify under penalty of perjury that I am the legal account owner, and I authorize this request for the Guaranteed Education Tuition Program account indicated above.

Account Owner's Signature (Notary must witness signature.) _____

Date _____

Notary Section - Required

State of _____

County of _____

I certify that I know or have satisfactory evidence that _____ is the person who appeared before me, and said person acknowledged that he/she signed this instrument and acknowledged it to be (his/her) free and voluntary act for the uses and purposes mentioned in the instrument.

Date _____

Signature _____

(Seal or Stamp)

Title _____

My appointment expires _____

Send to: Guaranteed Education Tuition, P.O. Box 43450, Olympia, WA 98504-3450

Questions: GETInfo@hecb.wa.gov or 1-800-955-2318